

Medicare Ground Ambulance Data Collection Instrument

December 4, 2019

NOTE: **All programming notes, skip patterns and annotations to improve readability are indicated in brackets.** This text will not appear in the programmed data collection instrument but is included in this version to indicate the intended functionality of the programmed instrument. Item wording, definitions, and response options for the respondent appear in black.

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Proposed Ground Ambulance Data Collection Instrument

1 General Survey Instructions

Section 50203(b) of the Bipartisan Budget Act (BBA) of 2018 (Public Law 115-123) added paragraph (17) to section 1834 (l) of the Social Security Act (the Act). This section requires the Secretary of the Department of Health and Human Services (HHS) to develop a data collection system to collect cost, revenue, utilization, and other information from providers and suppliers of ground ambulance services (“ground ambulance organizations”). The Centers for Medicare & Medicaid Services (CMS) has developed this data collection instrument to collect this information. The collected information will be analyzed to assess the adequacy of Medicare payments for ground ambulance services.

In accordance with 42 CFR §414.626 of our regulations, your ground ambulance organization has been selected to submit the data requested in this data collection instrument. If you do not sufficiently collect the data during the data collection period, and sufficiently report the data during the applicable data reporting period, you will receive written notification that you will receive a payment reduction under section 414.610(c)(9).

This data collection instrument includes detailed questions about your organization’s characteristics, services, ground (land and water) ambulance costs, and revenue. The questions generally refer to your organization’s total ground ambulance costs, revenue, and volume of services, not just the portion of costs, revenue, and volume related to services that you provided to Medicare beneficiaries. Organization-specific data collected through this effort will not be published.

If your organization bills Medicare for ground ambulance services under multiple National Provider Identifiers (NPIs), the data collection instrument will specify the NPI for which we are requesting data. We use the term “ground ambulance organization” to refer to the NPI for which we are requesting data. We are requesting information pertaining to the 12-month period aligning with either calendar year [\[INSERT YEAR\]](#) or your fiscal year that started in [\[INSERT YEAR\]](#).

The data collection instrument consists of 13 sections. The time spent gathering the data needed to complete the data collection instrument will vary depending on your organization’s accounting and recordkeeping systems. It is expected to take up to 20 hours to review the instructions and collect the required data and an additional 3 hours to enter, review, and submit the information.

We want to make sure that we get a full picture of the cost of operating ground ambulance services at your ground ambulance organization. If your organization is part of a local government or larger institution that pays for certain of your ground ambulance costs (e.g., if your municipality pays facility rent), you will need to collect and report that information. You will not be asked to estimate the value of volunteer labor or supplies, equipment, or other inputs that are donated to your organization.

We recommend that you use a printed version of the data collection instrument and then enter the information into the online data collection instrument when all of the information is collected. A copy of the data collection instrument is available at: [\[INSERT LINK\]](#).

You can complete the data collection instrument in multiple sittings. If you need to stop before completing the instrument, you can log out by clicking on the "Exit" button. This step will save your responses. When you log in again later, you will enter the system where you left off.

To learn more about completing the instrument, printing your responses, and whom to contact if you have questions, **click here for help** [\[INSERT LINK\]](#).

2 Organizational Characteristics

We are interested in learning more about your ground ambulance organization and how you collected data related to costs and revenues during the data collection period. Your answers to these questions will help ensure that you are presented with questions about costs and revenues that are relevant to your organization.

1. Is [\[pre-populate number\]](#) an NPI your organization used to bill for ground ambulance services during the data collection period? Yes (1) / No (0) **[If No (0), either exit instrument or allow respondent to correct number or contact support]**
2. Did your organization use **more than one** NPI to bill Medicare for ground ambulance services during the data collection period? Yes (1) / No (0)
 - a. **[If Yes (1)]** You are being asked to complete this instrument and enter data **only** for the following NPI: [\[pre-populate number\]](#). You will be asked to allocate a portion of costs and revenues incurred at the level of your parent organization (otherwise known as your central office) related to corporate management, information technology [IT] systems, etc., in sections below.
3. What is the name of your organization? For the remainder of the instrument, we use the term "organization" to refer to the NPI for which we are requesting data. (enter name)
4. What is the name, job title, and contact information for the primary person completing this instrument? (enter name, job title, and contact information)
5. Are you reporting information for a 12-month data collection period spanning January-December 201X [\[data collection year\]](#)? Yes (1) / No (0)
 - a. If No (0), What is the starting date of your regular fiscal year that began in 201X [\[year prior to data collection\]](#) that was the basis for the start of your 12-month data collection period (select date from drop-down calendar)

[Note: This item will not appear if this information can be pre-populated in the programmed instrument. The data collection period as either (a) the calendar year aligning with the data collection year, or (b) 12-month period from the start of the organization's fiscal year in the data collection year].
6. Which description of ownership type best fits your organization?
 - a. For-profit
 - b. Non-profit excluding government
 - c. Government (e.g., federal, state, county, city/township/other municipal)
 - d. Public/private partnership
7. Did your organization use volunteer labor for any positions related to your

ground ambulance service during the data collection period? Please include volunteers even if they receive small stipends, allowances, or other incentives from your organization. Do not include staff who are paid on an hourly or salary basis even if they perform some activities (e.g., responding as an EMT) on a volunteer basis. Yes (1), No (0)

8. Which category best describes your ground ambulance operation?
- Fire department-based
 - Police or other public safety department-based
 - Government stand-alone emergency medical services (EMS) agency
 - Hospital or other Medicare provider of services (such as skilled nursing facility). For the full list of Medicare provider of services categories, see <https://www.cms.gov/Research-Statistics-Data-and-Systems/Downloadable-Public-Use-Files/Provider-of-Services/index>.
 - Independent/proprietary organization primarily providing EMS services
 - Independent/proprietary organization primarily providing non-emergency services
 - Other (please specify)
9. **[If Question 8 = a, b, or d]** You indicated that your ground ambulance operation is **[FILL “fire department-based,” “police or other public safety department-based,” and/or “hospital-based or other Medicare provider-based” as appropriate based on responses to Question 8.]** Please confirm that your ground ambulance operation shares operational costs, such as building space or personnel, with these other operations.
- Yes, we share some or all costs (1)
 - Costs are **not** shared (0)
10. Does your ground ambulance operation share any operational costs, such as building space or personnel, with one of the following?
- [Do not display if Question 8 = a]** A fire department? Yes (1), No (0)
 - [Do not display if Question 8 = b]** A police or other public safety department? Yes (1), No (0)
 - [Do not display if Question 8 = d]** A hospital or other Medicare provider of services (such as a skilled nursing facility). For the full list of Medicare provider of services categories, see <https://www.cms.gov/Research-Statistics-Data-and-Systems/Downloadable-Public-Use-Files/Provider-of-Services/>) Yes (1), No (0)
 - Another healthcare organization (excluding hospitals, skilled nursing facilities, or other Medicare provider of services)? Yes (1), No (0)
 - An air ambulance operation? Yes (1), No (0)
 - Other (specify)? Enter text

[Note: For the remainder of the data collection instrument, we show items related to shared services to organizations that answer Section 2, Question 9 = Yes (1) OR Question 10 = Yes (1) to one or more of a-f. To streamline the skip logic, we refer to the answers to these questions as “Shared Services = Yes” for the remainder of the document.]

11. Does your organization routinely provide ground ambulance responses to 911 calls? Yes (1), No (0)
12. Do you operate land-based ambulances? Yes (1), No (0)
13. Do you operate water-based ambulances? Please do **not** include vehicles used

exclusively for water rescues that do not meet the requirements to be a water ambulance in your jurisdiction. Yes (1), No (0)

[Note: This response will be used to prompt for some water-specific volume and cost information]

14. Do you operate air ambulances? Yes (1), No (0) **[If Yes (1), show the following warning prior to each section:]** “Do **not** include air ambulance services in responding to the following questions.”
15. Which staff deployment model best describes your organization?
 - a. Static deployment (same number of fully staffed ambulance units available no matter the time of day or day of the week)
 - b. Dynamic deployment (units vary depending on the time of day or day of the week)
 - c. Combined deployment (certain times of the day have a fixed number of units, and other times are dynamic depending on need)
16. **[If Question 11=Yes]** Do you provide 911 emergency service around the clock for all days in the year (also known as “24/7/365” service) in most or all of your service area? Yes (1), No (0)
17. Do you ever provide paramedic intercepts? A paramedic intercept service is defined in §410.40(c) as an Advanced Life Support (ALS) level of service that CMS defines as a “rural area transport furnished by a volunteer ambulance company which is prohibited by state law from billing third party payers where services are furnished by an entity that is under contract with the volunteer ambulance company that does not provide the transport but is paid for their service (State of NY only meets these requirements)”. Yes (1), No (0)
18. Other than what was reported in item 17, do you ever deploy ALS emergency response staff as a joint response to meet a Basic Life Support (BLS) ambulance from another organization during the course of responses? Yes (1), No (0)

3 Service Area

This section asks about characteristics of the area served by your ground ambulance organization. Your **primary** service area means the area in which you are exclusively or primarily responsible for providing service at one or more levels and where it is highly likely that the majority of your transport pickups occur. We will also ask you about other areas where you regularly provide services through mutual or auto-aid agreements (your **secondary** service area), if applicable. Do **not** include areas where you provide services only under exceptional circumstances (e.g., when participating in coordinated national or state responses to disasters or mass casualty events).

1. Please select the ZIP codes(s) in which your **primary** service area is located: **[Select ZIPs from drop-down menu and allow respondents to type in, allow respondent to select multiple]**
2. **[If Yes (1) to Section 2, Question 11]** Are you the primary emergency ambulance provider in most or all of your primary service area (either for ALS, BLS, or both)? Yes (1), No (0)

3. During a response, what is the approximate **average trip time** (in minutes) across all service levels (BLS, ALS, etc.) in your primary service area from the time the ambulance leaves the station to when that ambulance is available to take another call?
 - a. Less than 30 minutes
 - b. 30 minutes–60 minutes
 - c. 61 minutes–90 minutes
 - d. 91 minutes–120 minutes
 - e. 121–150 minutes
 - f. More than 150 minutes
4. Do you have a secondary service area? A **secondary** service area is **outside** your primary service area, but one where you regularly provide services through mutual or auto-aid arrangements. Do **not** include areas where you provide services only under exceptional circumstances (e.g., when participating in coordinated national or state responses to disasters or mass casualty events).
 - a. Yes (1) **[Continue to remaining questions in this section]**
 - b. No (0) **[Skip to Section 4]**
5. Please select the ZIP codes(s) in which your secondary service is located **[Select ZIPs from drop-down menu and allow type in, allow to select multiple]**
6. During a response, what is the approximate **average trip time** (in minutes) across all service levels (BLS, ALS, etc.) in your **secondary** service area from the time the ambulance leaves the station to when that ambulance is available to take another call?
 - a. Less than 30 minutes
 - b. 30 minutes–60 minutes
 - c. 61 minutes–90 minutes
 - d. 91 minutes–120 minutes
 - e. 121–150 minutes
 - f. More than 150 minutes

4 Emergency Response Time

[Ask only if Section 2, Question 11 is Yes (1)]

To help us better understand your ground ambulance organization's response time, please answer the following questions:

1. We are interested in your organization's response time for ground ambulance responses to emergency calls for service in your **primary** service area (the area in which you usually provide service and where the majority of your transport pickups occur). We define response time as the time from when the call comes in to when the ambulance or another EMS response vehicle arrives on the scene. Do you define response time in this way?
 - Yes (1) **[Skip to question 3]**
 - No (0) **[Continue to question 2]**

2. You indicated in Question 1 that your organization uses a different definition of response time. Please select the definition that best fits your organization's measurement of response time:
 - a. From the time the ambulance leaves the station to the time the ambulance or other EMS vehicle is at the scene
 - b. Other (please specify):
3. Are you able to report statistics related to response times as measured by your organization?
 - a. Yes (1) **[Continue to question 3b]**, No (0) **[Skip to question 3e]**
 - b. What is the **average** response time for ground ambulance emergency responses in your **primary** service area? (Enter minutes)
 - c. What is the response time below which 90 percent of your emergency responses fall (i.e., your organization's 90th percentile emergency response time) in your **primary** service area? (Enter minutes)
 - d. **[If Yes (1) to Section 3, Question 4]**, What is the **average** response time for ground ambulance emergency responses in your **secondary** service area? (Enter minutes) **[Skip to question 4]**
 - e. What is your best estimate of the **average** response time for ground ambulance emergency responses in your **primary** service area? (Enter minutes)
 - f. What is your best estimate of the response time below which 90 percent of your emergency responses fall (i.e., your organization's 90th percentile emergency response time) in your **primary** service area? (Enter minutes)
 - g. **[If Yes (1) to Section 3, Question 4]**, What is your best estimate of the **average** response time for ground ambulance emergency responses in your **secondary** service area? (Enter minutes)
4. Is your organization required or incentivized to meet response time targets?
Yes (1) **[Continue to 4a]**, No (0) **[Skip to Section 5.]**
 - a. Who determines the response time targets required or incentivized?
 - i. Our organization sets our own target response time
 - ii. Local municipality
 - iii. County
 - iv. Other (please specify):
 - b. Are you penalized if you exceed the response time targets? Penalties can take the form of reduced payments or a fine. Yes (1), No (0)

5 Ground Ambulance Service Volume

This section asks about your organization's service volume. For the purposes of this instrument:

- **Total responses** are defined as the total number of responses by your organization regardless of whether a ground ambulance was deployed and regardless of whether or not a patient was transported. Include EMS responses that did not involve a ground ambulance (e.g., responses only involving a pickup truck or sport-utility vehicle (SUV), including quick response vehicle (QRV), a “fly-car,” or “sprint” vehicle). If more than one vehicle is sent to the scene, count this as one response. **[If Section 2, Question 8 is “a” also display]** “Include emergency responses that did not involve a ground ambulance, such as those involving only fire trucks and/or other fire/rescue vehicles;” **[if “b”]** “Include emergency responses that did not involve a ground ambulance, such as those involving only police cars and/or other public safety vehicles.”
 - A **ground ambulance response** is a response to a call for service by a fully equipped and staffed ground ambulance, scheduled or unscheduled, with or without a transport, and with or without payment. If more than one vehicle is sent to the scene, count this as one response. A standby event may count as a response if your organization provided medical services on scene. Please note that every ground ambulance response will count towards your reported number of total responses, but not all responses are ground ambulance responses.
 - A **ground ambulance transport** is the use of a fully staffed and equipped ground ambulance responding to a request for service to provide a medically necessary transport (based on the rules relevant to the applicable payer).
 - A **paid ground ambulance transport** refers to a ground ambulance transport for which your organization has been paid in full or in part by a payer and/or patient only. Please note that in some questions we ask only about paid transports, and in other questions we are interested in both the paid transports and transports that are not paid, either because your organization did not bill for them or because your organization billed but did not collect payment for them.
1. What was your organization's **total number of responses** in calendaryear 201X **[or fill fiscal year as specified in Section 2, Question 5a]**. **Total responses** are defined as the total number of responses by your organization regardless of whether a ground ambulance was deployed and regardless of whether or not a patient was transported. Include EMS responses that did not involve a ground ambulance (e.g., responses only involving a pickup truck or sport-utility vehicle (SUV), including quick response vehicle (QRV), a “fly-car,” or “sprint” vehicle). If more than one vehicle is sent to the scene, count this as one response. **[If Section 2, Question 8 is “a” also display]** “Include emergency responses that did not include a ground ambulance, such as those that involved only fire trucks and/or other fire/rescue vehicles;” **[if “b”]** “Include emergency responses that did not include a ground ambulance, such as those that involved only police cars and/or other public safety vehicles”. (Enter number)

2. What was your organization's total number of **ground ambulance responses** in calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]** across all payer types and regardless of the level of service or geography? This number should be based on all responses by a fully equipped and staffed ground ambulance, regardless of whether the response resulted in a transport. (Enter number)
3. Does your organization respond to calls with another non-transporting agency such as a local fire department that is **not** part of your organization? Yes (1) **[Continue to question 3a]**, No (0) **[Skip to question 4]**
 - a. What percentage of total **ground ambulance responses** include a non-transporting agency? (Enter number)
 - b. What kind of labor does the non-transporting agency provide during **ground ambulance responses**? Please check all that apply:
 - i. Paramedic
 - ii. Other EMT
 - iii. Other (specify)
 - c. In what share of **ground ambulance transports** does the non-transporting agency continue to provide medical care in the ambulance during the transport? (Enter percentage)
4. **[If Yes (1) to Section 3, Question 4]** What percentage of your **ground ambulance responses** are in your **secondary** service area? A secondary service area is outside your primary service area, but one where you regularly provide services through mutual or auto-aid arrangements. Do not include areas where you provide services only under exceptional circumstances (e.g., when participating in coordinated national or state responses to disasters or mass casualty events). (Enter percentage)
5. What was the total number of ground ambulance responses **that did not result in a transport** in calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**? For example, this might include patient refusals to be transported, responses when another ambulance provider/supplier handled the transport, patient was deceased on arrival, patient was treated onsite with no medically necessary transport required, or responses that were cancelled after the ground ambulance was already on the way. (Enter number)
 - a. **[Display if response to Question 5 is not zero]** Of the responses that did **not** result in a transport, what percentage received medical treatment on site? (Enter percentage)
6. What was the total number of **ground ambulance transports** for your organization in calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**, across all payer types, and regardless of the level of service or geography? (Enter number)
 - a. **[If Yes (1) to Section 2, Question 2]** Here we are interested in **ALL** of the NPIs associated with your parent organization/central office. What was the total number of **ground ambulance transports across all of the NPIs operated by your parent organization/central office** in calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**, across all payer types and regardless of the level of service or geography? (Enter number)

7. What was the total number of **paid ground ambulance transports** in calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**, across all payer types and regardless of the level of service or geography? (Enter number)
8. Does your organization participate in **standby events**? These are events where a ground ambulance is requested to be present on scene in case of an incident. Examples include fairs, concerts, sporting events, or police incidents. These services may or may not be paid. Yes (1), No (0)
9. **[If Yes (1) to Section 2, Question 17 is Yes(1)]** What was the number of **responses** in calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]** for which your organization provided paramedic intercepts? A paramedic intercept is an ALS level of service that CMS defines as “a rural area transport furnished by a volunteer ambulance company which is prohibited by state law from billing third party payers where services are provided by an entity that is under contract with the volunteer ambulance company that does not provide the transport but is paid for their paramedic intercept service (State of NY only meets these requirements).” (Enter number)
10. **[If Yes (1) to Section 2, Question 18 is Yes(1)]** Excluding paramedic intercepts meeting Medicare’s definition reported above, what was the number of **responses** in calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]** for which your organization provided an ALS intervention as a joint response to meet a Basic Life Support (BLS) ambulance from another organization? Do **not** include responses when your organization billed for a transport. (Enter number)

6 Service Mix

The following questions ask about the percentage of your organization’s ground ambulance **responses and transports** by type. If you are unable to provide an exact percentage, you will be prompted to select a percentage range. If you did not have any responses in a particular category of service, please enter 0%. **[If Section 2, Question 14 is Yes (1) show the following warning:]** “Do **not** include air ambulance services in responding to the following questions.”

1. Please reply to the following questions regarding the mix of your organization’s **ground ambulance responses** in calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**.

An emergency response is a BLS or ALS1 level of service that has been provided in immediate response to a 911 call or the equivalent. An immediate response is one in which the ground ambulance organization begins as quickly as possible to take the steps necessary to respond to the call. This can include emergency transfers from a lower-level to higher-level of care. The percentage of emergency and non-emergency responses should add to 100%.

Enter 0% if you do not provide responses in either category.

Response Type	What percentage of your organization’s <i>ground ambulance responses</i> fell into the following categories? Enter 0% if you do not provide responses in a category.
Emergency	Enter percentage
Non-emergency	Enter percentage

2. **[If Yes (1) to Section 2, Question 13]** Please indicate what percentage of your organization’s **transports** used land or water ambulances in calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**. The percentages should add to 100%. Enter 0% if you do not provide transports in either category.

Transport Type	What percentage of your organization’s <i>transports</i> fell into the following categories? Enter 0% if you do not provide transports in a category.
Land ambulance transports (excluding water)	Enter percentage
Water ambulance transports (excluding land)	Enter percentage

3. Please indicate what percentage of your organization’s **total transports** fell in the following categories during calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**. Emergency transfers would be included under the category in which they were billed. We have included the billing codes for reference. The percentages should add to 100%. Enter 0% if you do not provide transports in a category.
- a. The categories for reporting are the same as CMS definitions for ground ambulance services, including:
 - i. **Advanced life support, level 1 (ALS1)**: is the transportation by ground ambulance vehicle...and the provision of medically necessary supplies and services...including the provision of an ALS assessment by ALS personnel [emergency medical technician-intermediate (EMT-Intermediate) or paramedic] or at least one ALS intervention.” Qualifying ALS assessments and interventions are described in detail in the CMS manual.
 - ii. **Advanced life support, level 2 (ALS2)**: is the transportation by ground ambulance vehicle and the provision of medically necessary supplies and services including (1) at least three separate administrations of one or more medications by intravenous (IV) push/bolus or by continuous infusion (excluding crystalloid fluids) or (2) ground ambulance transport, medically necessary supplies and services, and the provision of at least one of the ALS2 procedures” listed in the CMS manual.
 - iii. **Basic Life Support (BLS)**: is transportation by ground ambulance vehicle...and the provision of medically necessary supplies and

services...including BLS ambulance services as defined by the state. The ambulance vehicle must be staffed by at least two people who meet the requirements of the state and local laws where the services are being furnished, and at least one of the staff members must be certified at a minimum as an emergency medical technician-basic (EMT-Basic) by the state or local authority where the services are being furnished and be legally authorized to operate all lifesaving and life-sustaining equipment on board the vehicle. These laws may vary from state to state or within a state.

- iv. **Specialty care transport (SCT):** is the interfacility transportation of a critically injured or ill beneficiary by a ground ambulance vehicle, including the provision of medically necessary supplies and services, at a level of service beyond the scope of the EMT-Paramedic. SCT is necessary when a beneficiary’s condition requires ongoing care that must be furnished by one or more health professionals in an appropriate specialty area, for example, emergency or critical care nursing, emergency medicine, respiratory care, cardiovascular care, or an EMT-Paramedic with additional training.”
- v. **Interfacility transport:** are transports where “the origin and destination are one of the following: a hospital or skilled nursing facility that participates in the Medicare program or a hospital-based facility that meets Medicare’s requirements for provider-based status.”

Transport Type	What percentage of your organization’s <i>ground ambulance transports</i> fell into the following categories? Enter 0% if you do not provide transports in a category.
Basic Life Support (BLS), Non-emergency (HCPCS code A0428)	Enter percentage
Basic Life Support (BLS), Emergency (HCPCS code A0429)	Enter percentage
Advanced Life Support, Level 1 (ALS1), Non-emergency (HCPCS code A0426)	Enter percentage
Advanced Life Support, Level 1 (ALS1), Emergency (HCPCS code A0427)	Enter percentage
Advanced Life Support, Level 2 (ALS2) (HCPCS code A0433)	Enter percentage
Specialty Care (HCPCS code A0434)	Enter percentage

4. In thinking **across all of your transports**, what is the percentage of transports that are interfacility? (Enter percentage)

7 Labor Costs

This section asks about the labor costs to operate your organization.

1. This question asks whether your organization used paid and volunteer staff in

different categories in in calendar year 201X [\[or fill fiscal year as specified in Section 2, Question 5a\]](#). Later questions will ask you about the total compensation and hours worked by staff in categories that are relevant to your organization. Please review the following instructions before completing the table below.

- Please provide a response for each row in the table below.
- Staff categories are listed under “EMT/Response Staff,” “Administration/Facilities Staff,” and “Medical Director” headings.
- The “EMT/Response Staff” heading includes separate categories for EMT-Basic, EMT-Intermediate, EMT-Paramedic, and other staff types. Please use the following CMS definitions for EMT categories:
 - EMT-Basic: certification depends on state or local level.
 - EMT-Intermediate: “EMT-Intermediate is an individual who is qualified, in accordance with state and local laws, as an EMT-Basic and who is also certified in accordance with state and local laws to perform essential advanced techniques and to administer a limited number of medications.” “Advanced-EMT” is another term used in the industry.
 - EMT-Paramedic: “EMT-Paramedic possesses the qualifications of the EMT-Intermediate and, in accordance with state and local laws, has enhanced skills that include being able to administer additional interventions and medications.” “Paramedic” is another term used in the industry.
- [\[Include only for NPIs where Shared Services = Yes\]](#) Include only individuals who had responsibilities that were either **partly or entirely related to your ground ambulance operation**, including frontline staff responding to ground ambulance calls and administrative and facilities staff that supported your ground ambulance operation. They may include, for example, fire fighter/EMTs and managers (such as a fire chief) with ground ambulance responsibilities.
- [\[Include only for NPIs where Shared Services = Yes\]](#) Do **not** include individuals who had **only** non-ground ambulance responsibilities (e.g., firefighters who were not EMT/response staff or managers such as deputy fire chiefs with no ground ambulance responsibilities). [\[Include only for air ambulance NPIs if Section 2, Question 14 is Yes \(1\)\]](#) Do **not** include individuals who had **only** air ambulance responsibilities.
- Include EMT/response staff in the EMT/response category that matched their level at the start of calendar year 201X [\[or fill fiscal year as specified in Section 2, Question 5a\]](#).
- The default is to report individuals with **any** EMT/response responsibilities in the appropriate EMT/response category and not in the administration/facilities category. Do **not** report EMT/response staff in the administration/facilities staff categories even if they sometimes perform administration/facilities duties. For example, an EMT with vehicle maintenance responsibilities would contribute to the appropriate EMT category but **not** to the vehicle maintenance category.
- For administration/facilities staff with multiple roles, assign each individual to a category indicating the individual’s primary activity. For example, if an individual performed primarily management duties but also had billing or pre-billing duties, include the individual in the management category.

- Do not report outside contracted services, for example vehicle maintenance provided under contract, if the contract covered services and supplies in addition to labor. You will have the opportunity to report these costs in another section.
- Include staff who were both paid and volunteer during calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**, for example a paid employee at the start of the year who converted to a volunteer later in the year, in the appropriate **paid** staff category.
- Only assign staff to EMT/Response categories if they have EMT/Response roles at **your organization**. If an administrative staff member at your organization is a certified EMT but does not serve in an EMT capacity in your organization, do not include that person in an EMT/Response category.
- Use the “other” category only to report staff who (a) have at least some ground ambulance responsibilities, and (b) do not have any responsibilities in any of the listed categories.

Please indicate if your organization had paid staff (full and/or part time) **[and/or used volunteer staff (show only if Section 2, Question 7 is Yes(1))]** in each of the following categories in calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]** (check all that apply).

Staff Category	Paid Staff [Display “without Fire/Police/ Public Safety roles” if appropriate for shared services]	Volunteer Staff [Display if Section 2, Question 7 is Yes (1) “without Fire/Police/ Public Safety roles” if appropriate for shared services]	[Display column if appropriate for shared services, “Paid Staff with Fire/Police/ Public Safety roles”]	[Display column if appropriate for shared services and if Section 2, Question 7 is Yes (1), “Volunteer Staff with Fire/Police/ Public Safety roles”]
EMT/Response Staff				
EMT – Basic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMT – Intermediate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMT – Paramedic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse, doctor, respiratory therapist, or other medical staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Medical Responder (EMR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ambulance Driver (non- EMT/EMR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administration/Facilities Staff				

Staff Category	Paid Staff [Display “without Fire/Police/ Public Safety roles” if appropriate for shared services]	Volunteer Staff [Display if Section 2, Question 7 is Yes (1) “without Fire/Police/ Public Safety roles” if appropriate for shared services]	[Display column if appropriate for shared services, “Paid Staff with Fire/Police/ Public Safety roles”]	[Display column if appropriate for shared services and if Section 2, Question 7 is Yes (1), “Volunteer Staff with Fire/Police/ Public Safety roles”]
Administrative (clerical, human resources [HR], billing, IT support, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management (executive, public information officer, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispatch / Call Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilities Maintenance (janitorial staff, laundry, repairs, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other not reported above [If respondent selects “other,” a blank field will appear requesting the respondent to specify category]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. [For each category on the table where a respondent selected “No” in all columns, a follow-up question will be presented to assess the reasons why the respondent selected “No.”] In the previous question, you reported that you did **not** use any [insert staff category] in your ground ambulance operation in calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a]. Please select one or more reasons why [select all that apply]:
- a. This labor category is part of our ground ambulance operation but is paid for or provided at no cost by another entity (1). [If this option is selected, present a statement that indicates the respondent will be asked to report associated annual hours and associated costs in the following sections.]

- b. One or more staff do perform these functions, but we assigned these staff to another category per the instructions (2).
- c. We do not have staff in this labor category related to our ground ambulance operation and/or we contract with another organization for this role (3).
- d. Other (please specify): (4).

7.1 Paid EMT/Response Staff Compensation and Hours Worked

[If Section 7, Question 1, Paid Staff Column is “Yes” for one or more EMT/Response staff categories. A separate section asks about volunteers.]

1. This question asks about **paid EMT/Response staff** (both full and/or part time) in your organization during calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**; specifically about:
 - Total annual compensation for all paid EMT/response staff by category
 - Total hours annually worked by paid EMT/response staff by category, including hours for activities other than ground ambulance services
 - Total hours annually that are **not** related to ground ambulance responsibilities **[Populate with “fire,” “police,” or “other public safety” as appropriate and display only when necessary from Section 7 Question 1 “or fire/police/other public safety responsibilities”]** for paid EMT/response staff, by category

Please review the following instructions before completing the table below.

- **[Include only for NPIs where Shared Services = Yes]** Include only paid EMT/response staff who had responsibilities that were either **partly or entirely related to your ground ambulance operation**, including frontline staff responding to ground ambulance calls. This may include, for example, firefighter/EMTs and EMTs who are not firefighters.
- **[Include only for NPIs where Shared Services = Yes]** Do **not** include individuals with **only** non-ground ambulance responsibilities (e.g., firefighters who are not EMT or response staff). **[Include for air ambulance NPIs only if Section 2, Question 14 is Yes (1)]** Do **not** include individuals who had **only** air ambulance responsibilities.
- Report paid staff with **any** EMT/response responsibilities in the appropriate EMT/response category and **not** in any other category. Include EMT/response staff who had supervisory or administration/facilities responsibilities in the EMT/response staff category that matched their level at the start of calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**. Do **not** count these staff when responding to the administration/facilities staff questions below. For example, an EMT with vehicle maintenance responsibilities would contribute to the appropriate EMT category but **not** to the vehicle maintenance category in later questions. You will report on staff with only administrative responsibilities in later questions.
- **[Include only for those for whom Section 2, Question 7 is Yes (1).]** Do **not** include volunteer EMT/response staff. You will report on these staff in a different section.
- Include paid EMT/response staff in the EMT/response category that matched their level at the start of calendar year 201X **[or fill fiscal year as specified in**

Section 2, Question 5a].

- Include staff who were both paid and volunteer during calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a], for example a paid employee at the start of the year who converted to a volunteer later in the year. in the appropriate **paid** staff category.

For Total Annual Compensation

- Report **total annual compensation** for paid staff in each of the EMT/response staff categories in the table below.
- Report total compensation including salary/wages and, when applicable, benefits (e.g., healthcare, paid time off [PTO], retirement, stipends, life insurance), overtime, training time, and callback and standby pay for paid staff.
- If one or more components of compensation costs (e.g., benefits) were paid by another entity with which you had a business relationship (e.g., a municipality that you serve), please obtain and include these costs when you report total compensation. If only total costs in a category are available from another entity (e.g., total benefits costs across all staff), please allocate to labor categories based on salary or wages across labor categories. For example, if total benefits were \$60,000, one-third of EMT/response staff salary and wages was for EMT-Basic and two-thirds of EMT/response staff salary and wages was for EMT-Paramedic, \$20,000 (\$60,000 multiplied by one-third) would contribute to total compensation for EMT-Basic and \$40,000 (\$60,000 multiplied by two-thirds) would contribute to total compensation for EMT-Paramedic.

For Total Hours Worked Annually

- Please report **total hours worked** by paid EMT/response staff (including full- and part-time staff) in each category **annually**. For example, if your organization has two paid paramedics who both work 2,000 hours annually (i.e., full time at 40 hours a week for 50 weeks), and two paid paramedics who each work 1,250 hours annually (i.e., part time at 25 hours a week for 50 weeks), the reported total would be $2,000 + 2,000 + 1,250 + 1,250 = 6,500$ hours for paramedics.
- Report **total hours worked**, on ground ambulance and all other activities, by paid staff with some or entirely ground ambulance responsibilities. As an example, for a paid firefighter/EMT who worked 2,000 hours annually (i.e., full time at 40 hours a week for 50 weeks) across fire and ground ambulance operations, add 2,000 hours to your total hours for all EMT/response staff, **not** the share of hours related to ground ambulance services.
- Include only staff whose EMT roles are with your organization. If staff are employed as EMTs with your organization and as firefighters for another organization, include only the EMT hours for your organization.

[Include only if Section 2, Question 8 = “a” or “b.”] For Total Hours Worked Annually by Staff with Fire, Police, or Other Public Safety Roles

- [Populate with “fire,” “police,” or “other public safety” as appropriate and display only when necessary from Section 7 Question 1] Please report **total hours worked annually** by paid EMT/response staff (full and part time) **who**

had fire, police, or other public safety roles separately from EMT/response staff that did not have these roles. For example, if your organization has three paid EMT-Basic staff who each worked 2,000 hours annually (i.e., at 40 hours a week for 50 weeks), and if two are firefighter/EMTs and one is an EMT but not a firefighter, report hours for the two staff who are EMT/firefighter in the “EMT Basic with fire, police, or other public safety role” category and the third staff member in the “EMT Basic, without fire, police, or other public safety role” category.

- Include only staff whose fire, police, or other public safety roles was with **your organization**. As an example, if a staff member was employed as an EMT with your organization and as a firefighter for another organization, report compensation and hours for this staff member in a category **without** fire, police, and/or other public safety roles.

Hours Worked Annually Unrelated to Ground Ambulance [Populate with “fire,” “police,” or “other public safety” as appropriate and display only when necessary from Section 7 Question 1, “or Fire, Police, and/or Other Public Safety”] Roles

- For the same staff that contributed to total worked hours reported in the prior question, report hours worked annually by paid EMT/response staff in each category that were **not** related to ground ambulance **[Include only if relevant based on responses to Section 7 Question 1 and populate with “fire,” “police,” or “other public safety” as appropriate “or fire, police, and/or other public safety”]** responsibilities.
- Other responsibilities could include:
 - Air ambulance operations
 - Healthcare delivery unrelated to ground ambulance, such as work in a clinic
 - Public health responsibilities
 - Community education and outreach
 - Community paramedicine
 - Any other responsibility unrelated to ground ambulance and fire/police/public safety activities
- All of the staff who contribute to this total must also contribute to reported “Total Hours Worked Annually.”
- As in other items, do **not** include individuals who have no ground ambulance responsibilities. For example, staff with 100% air ambulance responsibilities do **not** contribute to your response to this item, while staff with 50% ground ambulance and 50% air ambulance responsibilities **do** contribute.
- Unlike in earlier questions where each of your staff contributed all of their hours to total hours worked annually, staff contribute **only a fraction of their total hours** worked annually to your response in this item.
 - For example, a paramedic working 2,000 hours annually who splits work time evenly between ground and air ambulance operations would contribute 1,000 hours to this item. The same paramedic contributes a full 2,000 hours times the number of weeks worked to total hours worked annually in a prior item.

- As another example, a firefighter/EMT-Basic working 2,000 hours annually who spends half of his or her time responding to ground ambulance calls for service, a quarter of his or her time responding to fire calls for service, and a quarter of his or her time on community education and outreach would contribute:
 - 2,000 hours to “Total Hours Worked annually by Paid EMT/Response Staff with Fire, Police, and/or Other Public Safety Roles”
 - 500 hours to this item, “Hours Worked Annually Unrelated to Ground Ambulance or Fire/Police Activities.” 500 hours is the quarter of this staff member’s time that is unrelated to ground ambulance and fire responsibilities.
- Total hours worked unrelated to ground ambulance services **[Include only if relevant based on responses to Section 7 Question 1 and populate with “fire,” “police,” or “other public safety” as appropriate “and fire, police, and/or other public safety”]** roles should be less than total hours worked overall for each of the EMT/response paid staff categories.

Please report about EMT/response staff in your organization in calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**; specifically:

- Total annual compensation for all paid EMT/response staff
- Total hours annually worked by paid EMT/response staff
- Total hours worked annually that were **not** related to ground ambulance **[Include only if relevant based on responses to Section 7 Question 1 and populate with “fire,” “police,” or “other public safety” as appropriate “or fire, police, and/or other public safety”]** responsibilities for paid EMT/Response staff

[Auto-populate table based on responses to Section 7, question 1]

EMT/Response Staff Category	Total annual compensation for paid EMT/response staff	Total hours worked annually for paid EMT/response staff	Hours worked annually unrelated to ground ambulance or fire/police/public safety duties
EMT – Basic, without fire/police/public safety role	dollars	hours	hours
EMT – Basic, with fire/police/public safety role	dollars	hours	hours
EMT – Intermediate, without fire/police/public safety role	dollars	hours	hours
EMT – Intermediate, with fire/police/public safety role	dollars	hours	hours
EMT – Paramedic, without fire/police/public safety role	dollars	hours	hours

EMT/Response Staff Category	Total annual compensation for paid EMT/response staff	Total hours worked annually for paid EMT/response staff	Hours worked annually unrelated to ground ambulance or fire/police/public safety duties
EMT – Paramedic, with fire/police/public safety role	dollars	hours	hours
Nurse, doctor, or other medical staff w/ public safety role	dollars	hours	hours
Nurse, doctor, or other medical staff w/o public safety role	dollars	hours	hours
Emergency Medical Responder (EMR) w/ public safety role	dollars	hours	hours
Emergency Medical Responder (EMR) w/o public safety role	dollars	hours	hours
Ambulance Driver (non-EMT/EMR) w/ public safety role	dollars	hours	hours

7.2 Paid Administration, Facilities Staff, and Medical Director Compensation and Hours Worked

[If Section 7, Question 1, Paid Staff Column is “Yes” for one or more Administration, Facilities or Medicare Director Staff. Volunteers are asked about in a separate section.]

Please review the following instructions before completing the table below.

- Include staff with the following responsibilities:
 - Administration (e.g., clerical, HR, and IT support)
 - Management (e.g., executives and public information officers)
 - Billing
 - Dispatch/call center
 - Vehicle maintenance
 - Facilities maintenance (e.g., janitorial, laundry, and repairs)
- Include only paid administration/facilities and medical director staff who had responsibilities that were either **partly or entirely related to your ground ambulance operation**. This may include, for example, fire chiefs with management responsibilities related to your ground ambulance operation.
 - Do **not** include staff with some or entirely EMT/response responsibilities. These staff are included in a prior item and are **not** reported here. For example, an EMT with vehicle maintenance responsibilities would contribute to your prior responses related to EMT/response staff and **not** to administration/facilities staff in this item. If a staff member is paid for administrative duties, but may volunteer for EMT/response roles, then this staff member is included in this section (not in the volunteer staff

- section).
- **[Include only for those with volunteers, Section 2, Question 7 is Yes (1).]** Do **not** include volunteer administration/facilities or medical director staff. You will report on these staff in a different section.
 - **[Include only for NPIs where Shared Services = Yes]** Do **not** include individuals with **only** non-ground ambulance responsibilities (e.g., fire chiefs who do not have ground ambulance management responsibilities).
 - **[Include only for air ambulance NPIs if Section 2, Question 14 is Yes (1).]** Do **not** include individuals who had **only** air ambulance responsibilities.

For Total Annual Compensation

- Report **total annual compensation** for paid staff in the administration/facilities and medical director categories in the table below.
- Report total compensation including salary/wages, and when applicable, benefits (e.g., healthcare, PTO, retirement, stipends, life insurance), overtime, training time, callback and standby pay for paid staff.
- If one or more components of compensation costs (e.g., benefits) were paid by another entity with which you had a business relationship (e.g., a municipality that you serve), please obtain and include these costs when you report total compensation. If only total costs in a category are available from another entity (e.g., total benefits costs across all staff), please allocate to labor categories based on salary or wages across labor categories. For example, if total benefits were \$60,000, one-third of EMT/response staff salary and wages was for EMT-Basic and two-thirds of EMT/response staff salary and wages were for EMT-Paramedic, \$20,000 (\$60,000 multiplied by one-third) would contribute to total compensation for EMT-Basic and \$40,000 (\$60,000 multiplied by two-thirds) would contribute to total compensation for EMT-Paramedic.

For Total Hours Worked Annually

- Please report **total hours worked** by all administration/facilities and medical director staff **annually**. If your organization had two paid administration/facilities staff who both worked 2,000 hours annually, and two paid administration/facilities staff who each worked 1,250 hours annually, the reported total would be $2,000 + 2,000 + 1,250 + 1,250 = 6,500$ hours.
- Report total hours worked by paid administration/facilities staff with some or entirely ground ambulance responsibilities, **not** just the hours that were related to ground ambulance services. As an example, for a paid deputy fire chief who worked 2,000 hours annually across fire and ground ambulance operations, add 2,000 hours to your total hours for administration/facilities staff, **not** the share of hours related to ground ambulance services.
- Do **not** include staff with some or entirely EMT/response responsibilities. These staff are included in a prior item and are **not** reported here.

[Include only if Section 2, Question 8 = “a” or “b.”] For Total Hours Worked Annually by Staff with Fire, Police, and/or Other Public Safety Roles

- **[Populate with “fire,” “police,” or “other public safety” as appropriate and display only when necessary from Section 7 Question 1]** Please report **total hours worked annually** by paid administration/facilities staff **who also**

had fire, police, and/or other public safety roles separately from paid administration/facilities staff that did not have these roles. For example, if your organization had three paid administration/facilities staff who each worked 2,000 hours annually, and if two supported police operations and one did not, report hours for the two staff who had police responsibilities in the “Administration/Facilities Staff with Fire, Police, and/or Other Public Safety Role” category and the third staff in the “Administration/Facilities Staff without Fire, Police, and/or Other Public Safety Role” category.

- Include only staff whose fire, police, and/or other public safety roles are with **your organization**. As an example, if a staff member is employed as administrative staff with your organization and as a firefighter for another organization, report compensation and hours for this staff member in a category **without** fire, police, and/or other public safety roles.
- Do **not** include paid staff with some or entirely EMT/response responsibilities in your response to this question. Paid staff with some or entirely EMT/response responsibilities are reported in the prior question and are **not** reported here.

Hours Worked Annually Related to Ground Ambulance [Include only if relevant based on responses to Section 7 Question 1 and populate with “fire,” “police,” or “other public safety” as appropriate] or Fire/Police/Other Public Safety Roles

- Do **not** include staff with some or entirely EMT/response responsibilities. These staff are included in a prior item and are **not** reported here.
- For the same staff that contributed to total worked hours reported in the prior question, report hours worked annually by administration/facilities and medical director staff in each category that were **not** related to ground ambulance [Include only if relevant based on responses to Section 7 Question 1 and populate with “fire,” “police,” or “other public safety” as appropriate “or fire, police, or other public safety”] responsibilities.
- Other responsibilities could include:
 - Air ambulance operations
 - Healthcare delivery unrelated to ground ambulance responses and services, such as work in a clinic. This does not include persons with EMS responsibilities who arrive at the scene in a vehicle other than a ground ambulance.
 - Public health responsibilities
 - Community education and outreach
 - Community paramedicine
 - Any other responsibility unrelated to ground ambulance or fire/police/public safety activities
- All of the staff who contribute to this total must also contribute to reported “Total Hours Worked annually.”
- As in other items, do **not** include individuals who have no ground ambulance responsibilities. For example, staff with 100% air ambulance responsibilities do **not** contribute to your response to this item, while staff with 50% ground ambulance and 50% air ambulance responsibilities **do** contribute.
- Unlike in earlier questions where each of your staff contributed all of their hours to your total hours worked annually, staff contribute **only a fraction** of their total

hours worked annually to your response in this item.

- For example, an individual with clerical responsibilities working 2,000 hours annually who splits their time evenly between ground and air ambulance operations would contribute 1,000 hours (2,000 hours multiplied by one-half) to this item. The same individual contributes a full 2,000 hours to total hours worked annually in a prior item.
 - As another example, a deputy fire chief working 2,000 hours annually who spends half of his or her time managing ground ambulance services, a quarter of his or her time managing fire response activities, and a quarter of his or her time on community education and outreach would contribute:
 - 2,000 hours to “Total Hours Worked Annually” for “Administration/Facilities Staff, with fire/police/public safety role”
 - 500 hours to “Hours Worked Annually Unrelated to Ground Ambulance or Fire Response Roles.” 500 hours is the quarter of this staff member’s time that is unrelated to ground ambulance and fire responsibilities.
 - Total hours worked unrelated to ground ambulance services **[Include only if relevant based on responses to Section 7 Question 1 and populate with “fire,” “police,” or “other public safety” as appropriate “and fire, police, and/or other public safety”]** roles should be less than total hours worked overall for each of the paid administration/facilities staff categories.
1. This question is about staff without EMT/response responsibilities, including administrative/facilities staff and medical director(s), in your organization annually in calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**. Specifically:
- Total annual compensation for all paid administration/facilities and medical director staff
 - Total hours annually worked by paid administration/facilities and medical director staff
 - Total hours annually that were **not** related to ground ambulance responsibilities **[Include only if relevant based on responses to Section 7 Question 1 and populate with “fire,” “police,” or “other public safety” as appropriate “or fire, police, and/or other public safety”]** roles for paid administration/facilities and medical director staff

[Auto-populate table based on responses to Section 7, question 1]

EMT/Response Staff Category	Total annual compensation for paid admin./ facilities/ medical director staff	Total hours worked annually for paid admin./ facilities/ medical director staff	Hours worked annually unrelated to ground ambulance or fire/police/ public safety duties
Administration/ Facilities Staff, without fire/police/public safety role	dollars	hours	hours
Administration/ Facilities Staff, with fire/police/public safety role	dollars	hours	hours
Medical Director, without fire/police/public safety role	dollars	hours	hours
Medical Director, with fire/police/public safety role	dollars	hours	hours

2. Among staff who were partly or entirely related to your ground ambulance operation, did you have one or more individual staff members devoting a total of at least half time (i.e., 1,000 hours annually or approximately 20 hours a week) to each of the following activities? Do **not** include individuals whose services were part of an outside contracted service(s).
 - a) Billing (Yes (1), No (0))
 - b) Data analysis (Yes (1), No (0))
 - c) Training (Yes (1), No (0))
 - d) Medical quality assurance (Yes (1), No (0))
3. **[Ask Only if Section 2, Question 2 (multiple NPIs) is Yes (1).]** Please report the allocated portion of administrative labor costs incurred at the level of the parent organization/central office of this NPI based on your organization’s approach for allocating costs to specific NPIs. (Enter dollar amount.)
4. Does your organization contract with a medical director, rather than employing them directly? Yes (1), No (0).
 - **[If Yes]** Please report the total compensation amount for medical direction services that your organization paid, not the value of the medical director’s time. (Enter number)

7.3 Volunteer Labor

[Include if Section 7, Question 1, volunteer EMT/response labor is noted]

1. How many **individuals** were EMT/response volunteers in calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**? (Enter number).
2. This question is about the **hours** of EMT/response volunteers annually during calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**. Specifically:
 - Total volunteer hours for all EMT/response staff across all activities, including ground

ambulance and other activities.

- Hours includes the time from which the volunteer receives a call or a page to the time they are finished with their call as well as time spent in the station house performing duties as if they were being paid. Do not include hours spent on call in this section.

[Auto-populate table based on responses to Section 7, Question 1]

EMT/Response Staff Category	Total hours for all volunteer EMT/ response staff	Hours worked annually unrelated to ground ambulance or fire/police /other public safety duties
EMT – Basic, without fire/police/public safety role	hours	hours
EMT – Basic, with fire/police/public safety role	hours	hours
EMT – Intermediate, without fire/police/public safety role	hours	hours
EMT – Intermediate, with fire/police/public safety role	hours	hours
EMT – Paramedic, without fire/police/public safety role	hours	hours
EMT – Paramedic, with fire/police/public safety role	hours	hours
Nurse, doctor, or other medical staff w/ public safety role	hours	hours
Nurse, doctor, or other medical staff w/o public safety role	hours	hours
Emergency Medical Responder (EMR) w/ public safety role	hours	hours
Emergency Medical Responder (EMR) w/o public safety role	hours	hours
Ambulance Driver (non-EMT/EMR) w/ public safety role	hours	hours
EMT – Basic, without fire/police/public safety role	hours	hours

[Include if Section 7, Question 1, volunteer administration/facilities labor is noted]

- How many **individuals** were **administration/facility** volunteers in calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**? Please read the following instructions before answering this question.
 - Include only volunteers who were related to your ground ambulance operation. Do **not** include volunteers with both EMT/response roles and administrative/facilities responsibilities (you reported those individuals in item 1 above).

Number of individuals: (Enter Number)

4. **[Include only if Item 4 is greater than or equal to 1.]** What was the total number of **administration/facility** volunteer labor hours annually in calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**?
- Include only hours for volunteers who were related to your ground ambulance operation. Do **not** include hours for volunteers with both EMT/response roles and administrative/facilities responsibilities (you reported those individuals in item 2 above).

Total number of hours worked annually: (Enter Number)

Number of hours unrelated to ground ambulance **[Include only if relevant based on responses to Section 7 Question 1 and populate with “fire,” “police,” and/or “other public safety” as appropriate]** “or fire/police/other public safety” activities: (Enter Number)

5. What was the total number of **medical director** volunteer labor hours in calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**?

Number of hours: (Enter Number)

Number of hours related to ground ambulance activities: (Enter Number)

6. Did your organization provide stipends, honoraria, benefits, and/or other compensation for ground ambulance volunteer labor? Yes (1), No (0)
- i. **[If Yes (1)]** What was the total cost for all volunteer compensation (e.g. stipends and/or benefits) in calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**? (Enter dollar amount)

8 Facilities Costs

This section asks about the facilities costs for your ground ambulance organization. These facilities may have been used for dispatch/call centers, vehicle storage, administrative and EMT staff, or other activities to support your organization’s ground ambulance services. **[If Section 2, Question 14 is Yes (1), show the following warning:** “Do **not** include air ambulance services in responding to the following questions.”]

8.1. Facility Information

1. How many total facilities (separate buildings) did your NPI utilize related to your ground ambulance operations? Please think about any facilities you had for dispatch/call centers, garages, and administrative and EMT staff. Do **not** include facilities that were used by contracted entities that your organization does not occupy itself (e.g., call center to which you pay a monthly fee for call services). (Enter number)
2. Please provide a name or function for the facilities that were used to support your organization’s ground ambulance services (e.g., dispatch/call center, garage, administrative building, EMT staff building). If you had one building for dispatch/call centers, garages, and administrative and EMT staff, list only that one building.

- Facility 1: (enter name)
- Facility 2: (enter name)
- Facility 3, etc.: (enter name)

3. For each of the following types of facilities, please check the option that best applies and enter the square footage and percentage of square footage associated with ground ambulance services. **[The following matrix will be prepopulated from responses to Section 8.1, Question 2.]**
 - Report total facility square footage. For example, report total square footage for a facility used for both fire and ambulance vehicles and responses.
 - Report your best estimate of the share of the facility associated with ground ambulance services. Do not include garage, storage, and staff areas used for fire response. Include a share of office and common spaces related to both ground ambulance and other activities that is in proportion to your share of total responses that are ground ambulance responses. For example, if half of your organization’s responses are ground ambulance responses, include half of the square footage for these areas.

Facility Name	Your organization or another entity made rent or lease payments for the facility	Your organization or another entity owned the facility and made mortgage, interest, or other payments towards ownership	Your organization or another entity owns the facility outright	Facility was donated – no costs (excluding maintenance, utilities, insurance, and taxes)	Facility square footage	Percentage of your facility square footage related to ground ambulance services
Facility 1 name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enter Number	Enter percentage
Facility 2 name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enter Number	Enter percentage
Facility [x] name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enter Number	Enter percentage

8.2. Annual Lease, Mortgage, and Other Costs of Ownership for Facilities

1. Please indicate the total amount your organization paid for the following in calendar year 201X **[or fill fiscal year for all as specified in Section 2, Question 5a]**. Include costs paid by another organization or entity on your behalf and includes costs for facilities that were partially related to your ground ambulance operations. Exclude donations or exceptions for which there was no cost.

[Present options below based on responses to Section 8.1, Question 3.]

Facility Name	[IF RENTED/ LEASED] Annual lease or rental costs for each facility	[IF OWNED, payments] Annual mortgage, bond interest, and other costs of ownership (do not report interest costs elsewhere) for each facility	[If OWNED] Annual depreciation expenses	[If OWNED] No annual costs of ownership for fully-owned or donated facilities.
Facility 1 name	Enter Amount	Enter Amount	Enter Amount	<input type="checkbox"/>
Facility 2 name	Enter Amount	Enter Amount	Enter Amount	<input type="checkbox"/>
Facility 3 name	Enter Amount	Enter Amount	Enter Amount	<input type="checkbox"/>
Facility [x] name	Enter Amount	Enter Amount	Enter Amount	<input type="checkbox"/>

2. **[Ask Only if Section 2, Question 2 (multiple NPIs) is Yes (1)]** Please report the allocated portion of other facilities costs incurred at the level of your parent organization/central office (e.g., corporate or regional buildings, garages or service facilities serving multiple NPIs) to this NPI based on your organization’s approach for allocating annual costs of ownership to specific NPIs. (Enter dollar amount)

8.3. Insurance, Maintenance, Utilities, and Taxes

1. Please indicate the total amount your organization paid for the following in calendar year 201X **[or fill fiscal year for all as specified in Section 2, Question 5a]**. Total includes costs paid by another organization or entity on your behalf and includes costs for all of the facilities listed above that were partially or entirely related to your ground ambulance operations. Exclude donations or exceptions for which there was no cost. If you report an amount that is specific to your **ground ambulance operations**, report 100% in the second column. If you report an amount reflecting costs for your ground ambulance and other operations – for example fire, police, or Medicare provider operations, then report the share of the reported total associated with **your organization’s ground ambulance operations**.

Expenditure	Amount	Share Associated with Your Ground Ambulance Operations
Total facilities-related insurance costs for calendar year 201X [or fill fiscal year for all as specified in Section 2, Question 5a] . Enter dollar amount.	Enter Amount	Enter Percentage
Total facilities maintenance and improvement costs for calendar year 201X [or fill fiscal year for all as specified in Section 2, Question 5a] . Do not include any labor costs if included in labor section of the instrument. Enter dollar amount.	Enter Amount	Enter Percentage
Total facilities utilities costs for calendar year 201X [or fill fiscal year for all as specified in Section 2, Question 5a] . Enter dollar amount.	Enter Amount	Enter Percentage
Total facilities taxes for calendar year 201X [or fill fiscal year for all as specified in Section 2, Question 5a] . Do not include any taxes if included in the mortgage section of the instrument. Enter dollar amount.	Enter Amount	Enter Percentage

2. **[Ask Only if Section 2, Question 2 (multiple NPIs) is Yes (1).]** Please report the allocated portion of other facilities costs incurred at the level of your parent organization/central office (e.g., corporate or regional buildings, garages or service facilities serving multiple NPIs) to this NPI based on your organization’s approach for allocating rent/mortgage costs to specific NPIs. (Enter dollar amount)

9 Vehicle Costs

The following questions are about vehicles your organization uses.

9.1. Ground Ambulance Vehicle Costs

For each of the following questions, consider only vehicles that constitute **ground ambulances** in your jurisdiction, under your state or local regulations. For the purposes of this data collection instrument, ground ambulances include both land and water ambulances. Include all ground ambulances regardless of whether the ambulance transported patients or whether you billed for transports made by this ambulance. Do **not** include fire trucks, rescue vehicles, or other vehicles not considered a ground ambulance in your jurisdiction – we will ask about those next.

1. How many ground ambulances does your organization own (including vehicles that have been purchased, gifted, or donated)? (Enter number)
2. How many ground ambulances does your organization lease? (Enter number)
3. **[If Section 2, Question 12 is Yes (1)]** What was the total number of miles (billed and unbilled) traveled by land ambulances for any reason for calendar

year 201X **[or fill fiscal year for all as specified in Section 2, Question 5a]**?
(Enter number of miles)

4. **[If Section 2, Question 13 is Yes (1)]** What was the total number of statute miles traveled by water ambulances for any reason for calendar year 201X **[or fill fiscal year for all as specified in Section 2, Question 5a]**? (Enter number of miles)
5. Report the following information for each owned and/or leased vehicle. If your organization calculates depreciation expense for multiple purposes (e.g. depreciation for tax incentive purposes vs. Generally Accepted Accounting Principles (GAAP) for standard auditing purposes), please report the depreciation expense captured for standard auditing purposes.

[Option 1: If OWNED. Number of columns determined based on answer to Section 9.1, Question 1]

Question	Owned Ground Ambulance #1	Owned Ground Ambulance #2	Owned Ground Ambulance #3	Owned Ground Ambulance [x]
Was this ambulance used to transport patients in calendar year 201X [or fill fiscal year for all as specified in Section 2, Question 5a] ? Yes (1), No (0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was this vehicle donated? Yes, (1) No (0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[If No (0) to question above] What was the annual depreciation expense for this vehicle?	Enter Amount	Enter Amount	Enter Amount	Enter Amount
Was this ambulance remounted in calendar year 201X [or fill fiscal year for all as specified in Section 2, Question 5a] ? Yes (1), No (0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[If Yes(1) to question above] What was the cost to your organization for the remount?	Enter Amount	Enter Amount	Enter Amount	Enter Amount

[Option 2: If Leased. Number of columns determined based on answer to Section 9.1, Question 2]

Question	Leased Ground Ambulance #1	Leased Ground Ambulance #2	Leased Ground Ambulance #3	Leased Ground Ambulance [x]
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Was this ambulance used to transport patients in calendar year 201X [or fill fiscal year for all as specified in Section 2, Question 5a] ? Yes (1), No (0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total lease cost to your organization for this ambulance for calendar year 201X [or fill fiscal year for all as specified in Section 2, Question 5a] ?	Enter Amount	Enter Amount	Enter Amount	Enter Amount

9.2. Other Vehicle Costs (Non-Ambulance)

In this section, we ask about vehicles that were used to respond to ground ambulance calls or support ground ambulance operations that are **not** ambulances. These vehicles might include SUVs, trucks, QRVs, “fly-cars,” lead cars, or “sprint” vehicles), supervisory vehicles, or other types of vehicles. Do **not** include vehicles that meet the requirements for an ambulance in your jurisdiction—those were asked about in the previous section. **[If Section 2, Question 14 is Yes (1), show the following warning:]** “Do **not** include air ambulance services in responding to the following questions.”]

1. Did you own or lease any **non-ambulance vehicles** (including vehicles that have been purchased, gifted, or donated) that were used to respond to ground ambulance calls or support ground ambulance operations? Yes (1), No (0)
 - a. **[Yes (1), proceed with questions in this section.]**
 - b. **No (0), skip to Section 9.3.]**
2. How many non-ambulance vehicles did your organization own or lease (including vehicles that have been purchased, gifted, or donated) that were used to respond to ground ambulance calls or support ground ambulance operations? These might include fire trucks, land or water rescue vehicles, vehicles that respond to emergencies but are not designed to transport patients (e.g., QRVs, “fly-cars,” lead cars, or “sprint” vehicles), supervisory vehicles, or other types of vehicles.
 - a. Number of non-ambulance vehicles OWNED (include donated vehicles): (Enter Number)
 - b. Number of non-ambulance vehicles LEASED: (Enter Number)
3. What was the total number of miles traveled by non-ambulance land vehicles for any reason in calendar year 201X **[or fill fiscal year for all as specified in Section 2, Question 5a]**? (Enter number of miles)
4. **[Ask if Section 2, Question 13 is Yes (1).]** What was the total number of statute miles traveled by non-ambulance water vehicles for any reason in calendar year 201X **[or fill fiscal year for all as specified in Section 2, Question 5a]**? (Enter number of miles)
5. Report the following information for each owned and/or leased vehicle. If your organization calculates depreciation expense for multiple purposes (e.g. depreciation for tax incentive purposes vs. Generally Accepted Accounting Principles (GAAP) for standard auditing purposes), please report the depreciation expense captured for standard auditing purposes.

[Option 1: If OWNED. Number of columns determined based on answer to Section 9.2, Question 2a]

Question	Owned Vehicle #1	Owned Vehicle #2	Owned Vehicle #3	Owned Vehicle [x]
What type of vehicle is this? (Pull- down menu: Fire truck; Land rescue vehicle, Water rescue vehicle, Vehicle that responds to emergencies but is not designed to transport patients (e.g., QRVs, “fly-cars,” lead cars, or “sprint” vehicles), Other vehicle)	Enter Type	Enter Type	Enter Type	Enter Type
Was this vehicle used to respond to ambulance calls or support ground ambulance operations in calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a] ? Yes (1), No (0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was this vehicle donated? Yes (1), No (0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[If No (0) to the question above:] What was the annual depreciation expense for this vehicle?	Enter Amount	Enter Amount	Enter Amount	Enter Amount
What share of the vehicle’s traveled miles were related to ground ambulance services?	Enter %	Enter %	Enter %	Enter %

[Option 2: If LEASED. Number of columns determined based on answer to Section 9.2, Question 2b]

Question	Leased Vehicle #1	Leased Vehicle #2	Leased Vehicle #3	Leased Vehicle [x]
What type of vehicle is this? (Pull- down menu: Fire truck; Land rescue vehicle, Water rescue vehicle, Vehicle that responds to emergencies but is not designed to transport patients (e.g., quick QVRs, “fly-cars,” lead cars, or “sprint” vehicles), Other vehicle)	Enter Type	Enter Type	Enter Type	Enter Type
Total lease cost to your organization for this vehicle for calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a] :	Enter Amount	Enter Amount	Enter Amount	Enter Amount
What share of the vehicle’s traveled miles were related to ground ambulance services?	Enter %	Enter %	Enter %	Enter %

6. **[Ask only if Section 2, Question 2 (multiple NPIs) is Yes (1).]** Please report the allocated portion of other vehicle costs incurred at the level of the parent organization/central office of this NPI based on your organization’s approach for allocating costs to specific NPIs. (Enter dollar amount)

9.3. Other Costs Associated with Vehicles

[If Section 2, Question 14 is Yes (1), show the following warning: “Do not include air ambulance services in responding to the following questions.”]

1. What was the total **registration** cost of all vehicles (ambulance and non-ambulance) used to respond to ambulance calls or support ground ambulance operations for calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**? (Enter dollar amount)
2. What was the total **license** cost of all vehicles (ambulance and non-ambulance) used to respond to ambulance calls or support ground ambulance operations for calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**? (Enter dollar amount)
3. What was the total **insurance** cost of all vehicles (ambulance and non-ambulance) used to respond to ambulance calls or support ground ambulance operations for calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**? **[Additional instruction if Shared Services = Yes: If another entity pays the insurance cost for vehicles used in ground ambulance response, please record the cost for the vehicles used by your organization.]** (Enter dollar amount)
4. What was the total **maintenance** cost of all vehicles (ambulance and non-ambulance) used to respond to ambulance calls or support ground ambulance operations ground ambulances for calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**? Do **not** include any in-house labor costs already included in the labor section or any outside service or contract (you will be asked to report these later). (Enter dollar amount)
 - a. Please report the share of maintenance costs attributable to:
 - i. Ground Ambulances: (Enter Percent)
 - ii. Fire Trucks: (Enter Percent)
 - iii. Land Rescue Vehicles: (Enter Percent)
 - iv. Water Rescue Vehicles: (Enter Percent)
 - v. Other Vehicles that respond to emergencies (but not designed to transport patients): (Enter Percent)
 - vi. Other Vehicles: (Enter Percent)
5. What was the total **fuel** cost for all vehicles used to respond to ambulance calls or support ground ambulance operations ground ambulances for calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**? **[Additional instruction if Shared Services = Yes: “If another entity pays the fuel cost for vehicles used in ground ambulance response, please record the cost for the vehicles used by your organization.”]** (Enter dollar amount)
 - a. Please report the share of fuel costs attributable to:
 - i. Ground Ambulances: (Enter Percent)
 - ii. Fire Trucks: (Enter Percent)

- iii. Land Rescue Vehicles: (Enter Percent)
 - iv. Water Rescue Vehicles: (Enter Percent)
 - v. Other Vehicles responding to emergencies (but not designed to transport patients): (Enter Percent)
 - vi. Other Vehicles: (Enter Percent)
6. **[Ask Only if Section 2, Question 2 (multiple NPIs) is Yes (1).]** Please report the allocated portion of other vehicle costs incurred at the level of the parent organization/central office of this NPI based on your organization’s approach for allocating to specific NPIs. (Enter dollar amount)

10 Equipment, Consumable, and Supply Costs

In this section, we are interested in equipment, consumables, and supply costs.

- Please use your organization’s guidelines to categorize goods as capital expenses versus operation expenses.
- For capital expenditures, medical and non-medical equipment, amortize costs over the life of the good.
- For capital expenditures (medical and non-medical equipment), report annual depreciation expenses. item. If your organization calculates depreciation expense for multiple purposes (e.g. depreciation for tax incentive purposes vs. Generally Accepted Accounting Principles (GAAP) for standard auditing purposes), please report the depreciation expense captured for standard auditing purposes.
- For leased capital goods and medical and non-medical equipment, the annual cost is the annual lease expenditures for the piece of equipment.
- For all of the cost categories in this section: If you have an ongoing relationship with an organization that pays this cost for your organization, report the cost here. Otherwise, do not include costs for donated items.
- If you report an amount that is specific to your **ground ambulance operations**, report 100% in the second column. If you report an amount reflecting costs for your ground ambulance and other operations – for example fire, police, or Medicare provider operations, then report the share of the reported total associated with **your organization’s ground ambulance operations**.
- **[If Section 2, Question 14 is Yes (1), show the following warning: “Do not include air ambulance services in responding to the following questions.”]**

10.1. Medical Equipment/Supplies

1. Please report the following for all **capital medical equipment** your organization used entirely or in part for ground ambulance services during calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**. Capital medical equipment refers to equipment that can endure repeated use; it includes, but is not limited to, defibrillators, ventilators, monitors, and power lifts.
 - a. Annual depreciation expenses: (Enter Amount)
 - b. Maintenance, certification, or service costs: (Enter Amount)

- c. **[If Section 2, Question 10 is Yes (1):]** What was the percentage of **capital medical equipment expenses** attributable to ground ambulance services during calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**? Report 100 percent if all capital medical equipment expenses were related to ground ambulance services. Report less than 100 percent if some capital medical equipment expenses were related to both ground ambulance and other purposes (e.g., air ambulance or hospital uses). (Enter percentage)
 2. Did your organization have any costs associated with **medications** purchased for ground ambulance services during calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**? Yes (1), No (0)
 - a. **[If Yes(1):]** Can you report these costs separately from other medical supplies and consumables? Yes (1), No (0)
 - i. **[If Yes(1):]** What was the total cost of medications your organization purchased during calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]** for ground ambulance services? Do not include in-kind donations. (Enter dollar amount)
 - ii. **[If No(0):] Skip to Question 2b.**
 - b. **[If No(0):]** Please select all reasons for no associated costs for medications during calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**:
 - i. The medications are supplied by a hospital or hospitals. Yes (1), No (0)
 - ii. The costs are paid for by another entity (e.g., local municipality). Yes (1), No (0)
 - iii. The medications were donated or provided in-kind. Yes (1), No (0)
 - iv. We do not stock medications on our ground ambulances. Yes (1), No (0)
 3. What was the total cost of all other **medical equipment, supplies, and consumables** (e.g., bandages, gauze, gloves, basins, oxygen, sterile water, stethoscopes, blood pressure cuffs, IV supplies) your organization purchased during calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**? Include all medical equipment, supplies, and consumables that were **not** reported in the medical equipment/supplies capital expenditures and medications sections above. (Enter dollar amount)
 - a. **[If Shared Services = Yes:]** What was the percentage of medical supply and consumable expenses attributable to ground ambulance services during calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**? Report 100 percent if all equipment, supply, and consumable expenses were related only to ground ambulance services. Report less than 100 percent if some equipment, supply, and consumable expenses were related to both ground ambulance and other purposes (e.g., air ambulance or hospital uses). (Enter percentage)

10.2. Non-Medical Equipment/Supplies

1. Please report the following for **capital non-medical equipment** your organization purchased and used for ground ambulance services during calendar

year 201X [\[or fill fiscal year as specified in Section 2, Question 5a\]](#). Capital non-medical equipment refers to equipment that can endure repeated use; it includes, but is not limited to, computers, dispatch equipment, and furniture.

- a. Annual depreciation expenses: (Enter Amount)
 - b. Maintenance, certification, or service costs: (Enter Amount)
 - c. [\[If Section 2, Question 10 is Yes \(1\):\]](#) What was the percentage of **non-medical equipment expenses** attributable to ground ambulance services during calendar year 201X [\[or fill fiscal year as specified in Section 2, Question 5a\]](#)? Report 100 percent if all non-medical capital equipment expenses were related to only ground ambulance services. Report less than 100 percent if some non-medical capital equipment expenses were related to both ground ambulance and other purposes (e.g., air ambulance or hospital uses). (Enter percentage)
2. What was the total annual cost of **uniforms** by your organization purchased during calendar year 201X [\[or fill fiscal year for all as specified in Section 2, Question 5a\]](#) for ground ambulance services? (Enter dollar amount)
- a. [\[If Shared Services = Yes:\]](#) What was the percentage of **uniform expenses** attributable to ground ambulance services during calendar year 201X [\[or fill fiscal year as specified in Section 2, Question 5a\]](#)? (Enter percentage)
3. What was the total cost of other non-medical supplies (e.g., paper, office supplies, postage) your organization purchased during calendar year 201X [\[or fill fiscal year as specified in Section 2, Question 5a\]](#)? If any of this equipment was shared with other business lines (e.g., fire), list only the costs associated with ground ambulance services. (Enter dollar amount)
- a. [\[If Shared Services = Yes:\]](#) What was the **percentage of non-medical supply expenses** attributable to ground ambulance services during calendar year 201X [\[or fill fiscal year as specified in Section 2, Question 5a\]](#)? Report 100 percent if all non-medical supply expenses were related to only ground ambulance services. Report less than 100 percent if some non-medical supply expenses were related to both ground ambulance and other purposes (e.g., air ambulance or hospital uses). (Enter percentage)
4. [\[Ask only if Section 2, Question 2 is Yes \(1\):\]](#) Please report the allocated portion of **non-medical equipment and supply expenses** incurred at the level of the parent organization/central office of this NPI based on your organization's approach for allocating costs to specific NPIs. (Enter dollar amount)

11 Other Costs

In this section, we ask about **additional costs** during calendar year 201X [\[or fill fiscal year as specified in Section 2, Question 5a\]](#) not covered in previous sections, directly related to supporting your organization's ambulance services. Include only costs that were **not** covered earlier in this instrument.

In general, if you report an amount that is specific to your **ground ambulance operations**, report 100% in the second column. If you report an amount reflecting costs for your ground ambulance and other operations – for example fire, police, or Medicare provider operations, then report the share of the reported total associated with **your**

organization’s ground ambulance operations. [If Section 2, Question 14 is Yes (1), show following warning: “Do not include air ambulance services in responding to the following questions.”]

1. Please report costs your organization incurred for **outside contracted services** for which you paid a fee (including labor, supplies, etc.) that were not reported elsewhere in this instrument, such as dispatch/call center service fee, to support your ground ambulance services. Did your organization use any of the following **contracted** services during calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a]?

Please select all that apply and indicate total cost for each outside contracted service, and, if applicable, percentage of the cost attributable to ground ambulance services. **Do not include any costs already reported elsewhere in this instrument.**

Type	Contracted service during calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a]	[If selected] Total cost for the service	[If Shared Services = Yes] Percentage of this cost attributable to ground ambulance services
Billing service	<input type="checkbox"/>	Enter dollar amount	Enter percentage
Accounting service	<input type="checkbox"/>	Enter dollar amount	Enter percentage
Vehicle maintenance/repair service	<input type="checkbox"/>	Enter dollar amount	Enter percentage
Dispatch/call center service	<input type="checkbox"/>	Enter dollar amount	Enter percentage
Facilities maintenance services	<input type="checkbox"/>	Enter dollar amount	Enter percentage
IT support service	<input type="checkbox"/>	Enter dollar amount	Enter percentage

2. [Ask only if Section 2, Question 2 (multiple NPIs) is Yes (1):] Please report the allocated portion of these services incurred at the level of the parent organization/central office of this NPI based on your organization’s approach for allocating costs to specific NPIs. (Enter dollar amount)
3. Please indicate if your organization incurred any of the following expenses during calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a]. These expenses should be partly or entirely related to supporting your organization’s ambulance services. **Do not include any costs already reported elsewhere in this instrument.**

[Note: All respondents will be presented with the following.]

Category	Response
Medical or Ambulance-Related Expenses	
Biohazard waste and medication removal fees	Yes (1), No (0)
Fee to physician(s) to oversee the paramedics and provide quality assurance (excluding labor for medical director if accounted for in Question 1 above or in the labor section)	Yes (1), No (0)
Laundry	Yes (1), No (0)
Administrative and General Expenses	
Travel other than for training (including lodging, transportation, per diem, and other travel related costs)	Yes (1), No (0)
Organization dues, subscriptions	Yes (1), No (0)
Subsidies paid to other organizations (e.g., fire department, dispatch center)	Yes (1), No (0)
Funds paid to other ambulance organizations for services (e.g., paramedic staff for BLS transports, subcontracted ambulance services)	Yes (1), No (0)
Funds paid to other non-transporting organizations for services (e.g., medical staff for transports, responding to calls)	Yes (1), No (0)
Overhead allocation from parent organization/central office	Yes (1), No (0)
Board of Directors / Trustees expenses	Yes (1), No (0)
Advertising, including any type of advertising (even for recruiting purposes) in any medium (print, radio, internet, etc.)	Yes (1), No (0)
Event / meeting costs (including meals)	Yes (1), No (0)
Miscellaneous administrative fees/costs not already reported in Section 10.2 or Section 3 (telephone, trash and shredding services, printing and copying costs)	Yes (1), No (0)
IT software, licensing fees (excluding costs accounted for in IT service fee in earlier section)	Yes (1), No (0)
Training and continuing education costs (e.g., costs for materials, travel, training fees, and labor). Do not include any labor costs associated with training that was already covered by standard labor costs.	Yes (1), No (0)
Fees, Fines, and Taxes	
911 service fees	Yes (1), No (0)
Fees for toll roads	Yes (1), No (0)
Fees paid to local jurisdictions required as condition of providing ground ambulance service (e.g. franchise fees)	Yes (1), No (0)
Fees for regulatory compliance or accreditation (annual cost per year)	Yes (1), No (0)
Business registration and related fees	Yes (1), No (0)
Licenses	Yes (1), No (0)
Fines, forfeitures, and citations	Yes (1), No (0)
Taxes	Yes (1), No (0)

Category	Response
Liability / malpractice insurance	Yes (1), No (0)
Workers' compensation insurance (only if not reported in Labor Section above)	Yes (1), No (0)
General insurance (excluding insurance for facilities or insurance reported in other sections)	Yes (1), No (0)
Interest paid	Yes (1), No (0)
Physicals and recruiting	Yes (1), No (0)
Audit fees, legal fees, and other professional fees	Yes (1), No (0)
Other miscellaneous operating expenses	Yes (1), No (0)

[Populate other expenses by source table based on “Yes (1)” responses to the previous question.]

- Please report total expenses by source for calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**.

Source	Total Expense	What % of Expense is Attributable to Ground Ambulance Services?
Source 1	Enter dollar amount	Enter percentage
Source 2	Enter dollar amount	Enter percentage
Source 3	Enter dollar amount	Enter percentage
Source [x]	Enter dollar amount	Enter percentage

- [Ask only if Section 2, Question 2 (multiple NPIs) is Yes (1):]** Please report the allocated portion of these miscellaneous costs incurred at the level the parent organization/central office of this NPI based on your organization’s approach for allocating costs to specific NPIs. (Enter dollar amount)

12 Total Cost

1. As a way to cross-check total costs reported throughout the instrument, please provide the total expenses of your NPI for calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**. The total expenses reported here should include all operating and capital costs (including costs for services not related to ground ambulance services).

(Enter Amount)

13 Revenues

This section asks about your organization’s sources of ground ambulance revenue. **[If Section 2, Question 14 is Yes (1), show following warning: “Do not include air ambulance services in responding to the following questions.”]**

- Please report total revenue from all sources your organization received during calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**. Include revenues from services not related to ground ambulance services. (Enter dollar amount)

2. Can you report revenue for billed ground ambulance transports by healthcare payer category (e.g., Medicare, Medicaid, commercial insurance)? Yes (1), No (0)
 - a. **[If Yes (1), proceed to question 3.]**
 - b. **[If No (0):]** Please report the approximate share of revenue from billed transports for all payers combined. (Enter dollar amount)
3. **[If Section 13, Question 2 is yes (1)]** Please indicate if your organization received any revenue from paid ground ambulance transports from the following payers during calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**.

Source of Revenue from Paid Ground Ambulance Transports	Received revenue during calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a]?	[If Yes (1) for received revenue from category] Total revenues	[If Yes (1) for received revenue from category] Indicate if cost sharing (i.e., the amount for a transport that is billed to a patient with this insurance) was included
Traditional (fee-for-service) Medicare	Yes (1), No (0)	Enter dollar amount	Yes (1), No (0)
Medicare Advantage (also known as Medicare Managed Care)	Yes (1), No (0)	Enter dollar amount	Yes (1), No (0)
Traditional (fee-for-service) Medicaid	Yes (1), No (0)	Enter dollar amount	Yes (1), No (0)
Medicaid managed care	Yes (1), No (0)	Enter dollar amount	Yes (1), No (0)
TRICARE	Yes (1), No (0)	Enter dollar amount	Yes (1), No (0)
Veterans Health Administration	Yes (1), No (0)	Enter dollar amount	Yes (1), No (0)
Commercial insurance	Yes (1), No (0)	Enter dollar amount	Yes (1), No (0)
Workers' compensation	Yes (1), No (0)	Enter dollar amount	Yes (1)/No (0)
Patient self-pay (amount patients pay for deductibles, coinsurance, etc.)	Yes (1), No (0)	Enter dollar amount	-

4. How often did your organization try to bill the following types of payers for the amount owed for a transport during calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**?

Insurance type	Frequency of billing
Traditional (fee-for-service) Medicare	Never (0), Sometimes (1), Usually (2), Always (3)
Medicare Advantage (also known as Medicare Managed Care)	Never (0), Sometimes (1), Usually (2), Always (3)
Traditional (fee-for-service) Medicaid	Never (0), Sometimes (1), Usually (2), Always (3)
Medicaid managed care	Never (0), Sometimes (1), Usually (2), Always (3)
TRICARE	Never (0), Sometimes (1), Usually (2), Always (3)
Veterans Health Administration	Never (0), Sometimes (1), Usually (2), Always (3)
Commercial insurance	Never (0), Sometimes (1), Usually (2), Always (3)
Workers' compensation	Never (0), Sometimes (1), Usually (2), Always (3)
Patient self-pay (amount patients pay for deductibles, coinsurance, etc.)	Never (0), Sometimes (1), Usually (2), Always (3)

5. Please indicate if your organization received any revenues from any of the following sources during calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**. Include only revenue specifically related to ground ambulance services. If you report an amount that is specific to your **ground ambulance operations**, report 100% in the second column. If you report an amount reflecting revenue for your ground ambulance and other operations – for example fire, police, or Medicare provider operations, then report the share of the reported total associated with **your organization's ground ambulance operations**.

Source of Revenue	Received revenue from category during calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a]?	[If Yes (1) for received revenue from category] Total revenues	[If Yes (1) for received revenue from category] What % of revenue was attributable to ground ambulance services?
Contracts from facilities (e.g., hospitals, nursing homes, prisons, businesses)	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Revenues for subcontracted ambulance services	Yes (1) / No (0)	Enter dollar amount	Enter percentage
[If Section 5, Question 7 is Yes (1):] Fees for standby events	Yes (1) / No (0)	Enter dollar amount	Enter percentage

Source of Revenue	Received revenue from category during calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a]?	[If Yes (1) for received revenue from category] Total revenues	[If Yes (1) for received revenue from category] What % of revenue was attributable to ground ambulance services?
Membership fees for an association that collects fees from participants in return for ambulance services	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Charitable donations (e.g., foundations and individual donors) excluding vehicles or any cost offsets reported elsewhere in the instrument	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Executive loan programs (e.g., chief executive officer, business development, etc.)	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Program-related investments (e.g., public-private investment)	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Local taxes earmarked for EMS services	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Contract revenue from local governments in return for services	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Enterprise funds and utility rates	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Sale of assets and services	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Bond or debt financing	Yes (1) / No (0)	Enter dollar amount	Enter percentage
State or local donation of surplus vehicles and durable equipment	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Other donations (includes market value for donations) excluding labor, facilities, vehicles, equipment, supplies, medication, and other items reported elsewhere in the instrument	Yes (1) / No (0)	Enter dollar amount	Enter percentage

Source of Revenue	Received revenue from category during calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a]?	[If Yes (1) for received revenue from category] Total revenues	[If Yes (1) for received revenue from category] What % of revenue was attributable to ground ambulance services?
Special-purpose grants (generally state)	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Matching grants (generally state)	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Technical assistance (e.g., subsidized training)	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Demonstration grants (federal)	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Congressional earmarks	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Other (specify)	Yes (1) / No (0)	Enter dollar amount	Enter percentage

[Note: Respondents will be allowed to 1) Review a copy of final responses before a final "Click to Submit," and 2) print out a completed copy of their responses at the end.]

Version Notes

December 4, 2019: This version adds clarifying instructions in several sections, adds technical and editorial clarification to item text, and updates several programming notes.

The updates and clarifications include:

- Standardizing terminology. For example, the instrument now uses “annual depreciation expenses” consistently where several terms were used previously to refer to the same cost.
- Added depreciation expense guidance in several places:
“If your organization calculates depreciation expense for multiple purposes (e.g. depreciation for tax incentive purposes vs. Generally Accepted Accounting Principles (GAAP) for standard auditing purposes), please report the depreciation expense captured for standard auditing purposes.”
- Clarified instructions for reporting allocated facility costs, other costs, and revenue. Previously, it was unclear whether Medicare providers, for example, would need to report on *all* capital medical equipment or whether a ground ambulance-specific amount could be reported. The instruction was clarified to read:
“If you report an amount that is specific to your ground ambulance operations, report 100% in the second column. If you report an amount reflecting costs for your ground ambulance and other operations – for example fire, police, or Medicare provider operations, then report the share of the reported total associated with your organization’s ground ambulance operations.”
- Clarified instruction on how paid staff who also volunteered time should be reported.
- Clarified how labor hours should be reported for staff with fire, police, and other public safety responsibilities by reporting this information in rows in Section 7 tables, not in columns. Section 7, Question 1 includes columns for staff with fire, police, and other public safety roles in order to determine whether these rows should be presented to the respondent.
- Clarified that staff should only be included in fire, police, and other public safety categories if their fire, police, or other public safety role is at the respondent’s organization.
- Clarified several definitions and instructions, for example, added HCPCS codes in Section 6.
- Corrected “nautical miles” to read “statute miles” in questions related to water ambulances.
- Corrected an omitted table column asking for a ground ambulance allocation factor for certain facilities costs.
- Corrected an omitted table row asking for the share of vehicle miles related to ground ambulance services.
- Clarified and updated programming notes throughout.